

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUN 19 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0834
Date: 6-27-17
Amount Paid: 150 6-19-17
Return:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Heulette A. Benick</u>	Mailing Address: <u>13921 289th Ave New Auburn, WI</u>	Telephone: <u>715-967-2438</u>
Address of Property: <u>42980 Cable Runset Rd.</u>	City/State/Zip: <u>Cable, WI 54821</u>	Cell Phone: <u>715-839-2979</u>
Contractor: <u>TBD</u>	Contractor Phone: <u>Andy Rasmussen</u>	Plumber Phone: <u>715-798-3355</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>—</u>	Agent Phone: <u>—</u>	Agent Mailing Address (Include City/State/Zip): <u>—</u>
PROJECT LOCATION: <u>NW 1/4, NW 1/4</u>		Legal Description: (Use Tax Statement) <u>varienty deed attached</u>
Tax ID #: (4-5 digits) <u>—</u>		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>2017 R-567419</u>
Gov't Lot: <u>—</u>	Lot(s): <u>—</u>	Vol & Page: <u>—</u>
CSM: <u>—</u>	Vol & Page: <u>—</u>	Lot(s) No.: <u>—</u>
Block(s) No.: <u>—</u>	Subdivision: <u>—</u>	Lot Size: <u>330x660'</u>
Section <u>24</u> , Township <u>43</u> N, Range <u>8</u> W	Town of: <u>Cable, WI</u>	Acreage: <u>5</u>

<input type="checkbox"/> Shoreland <u>→</u>	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u> If Yes—continue <u>→</u>	Distance Structure is from Shoreline: <u>—</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>→</u> If Yes—continue <u>→</u>	Distance Structure is from Shoreline: <u>—</u> feet		

Value at Time of Completion * include donated time & material <u>\$ 30,000</u>	Project # of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u>—</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> —	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>3/4" Pvc</u>	<input type="checkbox"/> —
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> —	<input type="checkbox"/> —	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>—</u>	Width: <u>—</u>	Height: <u>—</u>
Proposed Construction:	Length: <u>36'</u>	Width: <u>24'</u>	Height: <u>> 16'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>X</u>)	
	Residence (i.e. cabin, hunting shack, etc.)	(<u>X</u>)	
	with Loft	(<u>X</u>)	
	with a Porch	(<u>X</u>)	
	with (2 nd) Porch	(<u>X</u>)	
	with a Deck	(<u>X</u>)	
	with (2 nd) Deck	(<u>X</u>)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(<u>X</u>)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>X</u>)	
	Mobile Home (manufactured date) <u>—</u>	(<u>X</u>)	
	Addition/Alteration (specify) <u>—</u>	(<u>X</u>)	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) <u>storage barn</u>	(<u>36 X 24</u>)	<u>864</u>
	Accessory Building Addition/Alteration (specify) <u>—</u>		
	Special Use: (explain) <u>—</u>	(<u>X</u>)	
	Conditional Use: (explain) <u>—</u>	(<u>X</u>)	
	Other: (explain) <u>—</u>	(<u>X</u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Heulette A. Benick Date 6/16/2017
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: — Date —
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit — Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

Please see sketch from cabin building permit.

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	182 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	149 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	46 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	220 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	road Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	475 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	58 Feet	Setback to Well	30 Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

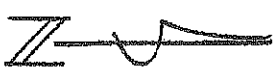
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0834		Permit Date: 6-27-17			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NA	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Project location as represented by home owner appears Code Compliant or to issue LO permit		Zoning District (R2)		Lakes Classification (—)	
Date of Inspection: 6/20/2017		Inspected by: RJA		Date of Re-Inspection:	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)					
Not to be used for human habitation.					
No H2O under pressure to structure unless structure is served by a code compliant PWS.					
Signature of Inspector:		Date of Approval: 6/22/17			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

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LEERY KARSCHBAUM
P.O. Box 441
CABLE, WIZ 54821

NW, NW, 24, 43, 2W
CABLE TN.
BRYFIELD CO, WIT.



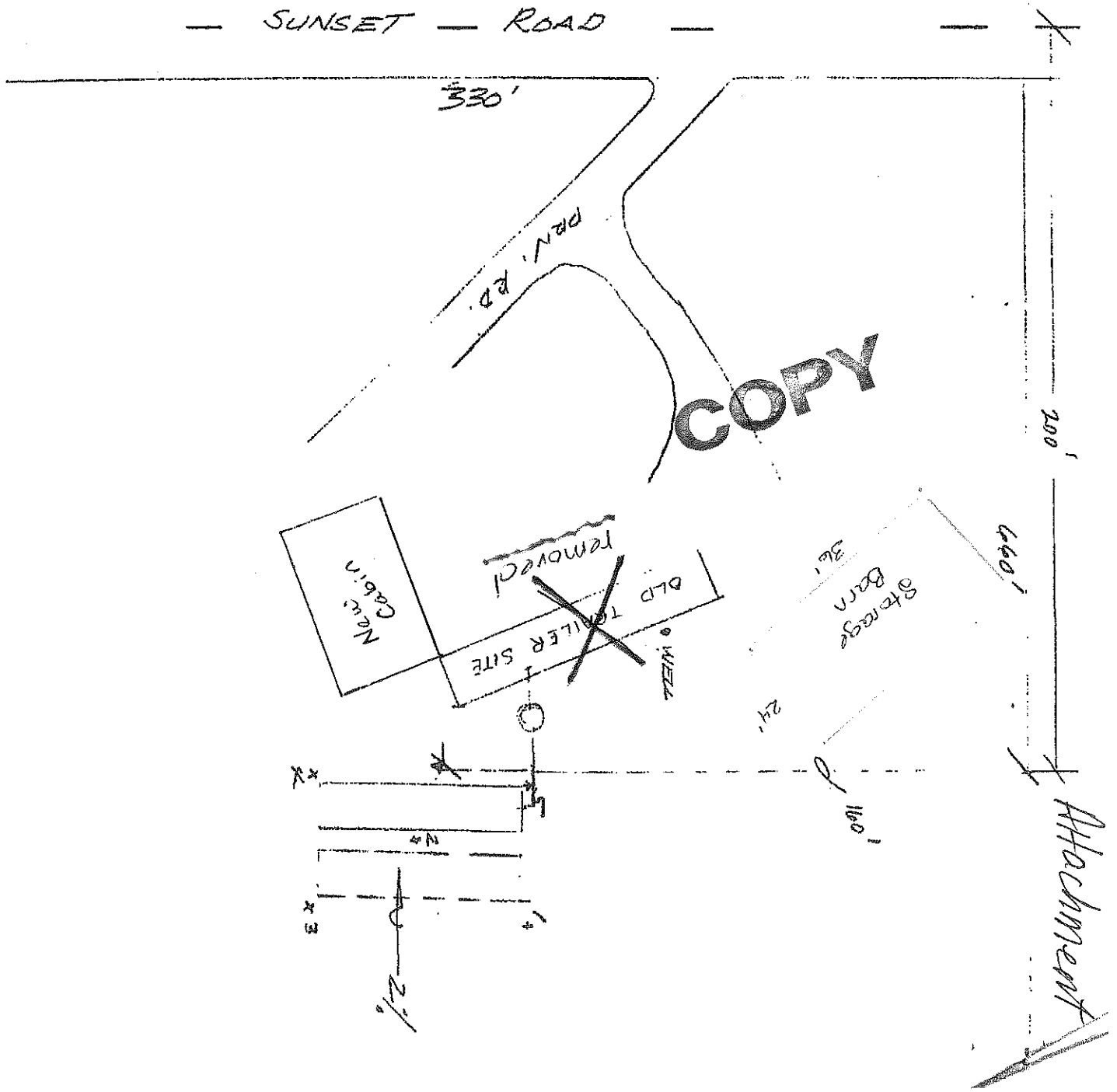
Scale 1"=40'

A V.R.P. 100' @ ground level
@ base of 12" Balsam tree

* 5422 BARKING
BARKING 100.48'

B2 - 100.35'
B3 - 100.60'
B4 - 100.40'
B5 - 100.05'

S.V.S. ELEV 97.60



Attachment

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0234** Issued To: **Paulette Ponick**

Par in
Location: **NW** ¼ of **NW** ¼ Section **24** Township **43** N. Range **8** W. Town of **Cable**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [1.5- Story; Storage Barn (36' x 24') = 864 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Not to be used for human habitation. No water under pressure to structure unless structure is served by a code compliant POWTS.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 27, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUN 14 2017

ATF 75.00

ENTERED

Permit # 17-0887

Date: 6-27-17

Amount Paid: 75 6-14-17

Return:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Gilbert DAWIDSON</u>	Mailing Address: <u>4009D Cable Street RD Cable WI</u>	City/State/Zip: <u>54821</u>	Telephone: <u>715-558-4841</u>
Address of Property: <u>Same</u>	City/State/Zip: <u>Same</u>		Cell Phone: <u>715-558-4841</u>
Contractor: <u>SELF</u>	Contractor Phone: <u>---</u>	Plumber: <u>---</u>	Plumber Phone: <u>---</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>---</u>	Agent Phone: <u>---</u>	Agent Mailing Address (include City/State/Zip): <u>---</u>	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>700 1/4, SW 1/4</u>	Legal Description: (Use Tax Statement) <u>9939</u>	Tax ID# (4-5 digits) <u>9939</u>	Recorded Deed (i.e. # assigned by Register of Deeds) <u>806</u> <u>8544</u>
Section <u>35</u> , Township <u>43N</u> N. Range <u>08</u> W	Town of: <u>Cable</u>	Lot Size <u>40</u>	Acres <u>40</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>---</u> If yes---continue <u>---</u> <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue <u>---</u>	Distance Structure is from Shoreline: <u>---</u> feet Distance Structure is from Shoreline: <u>81</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material: <u>\$ 000.00</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u>ST</u> <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>60</u>	Width: <u>36</u>	Height: <u>30</u>
Proposed Construction:	Length: <u>60</u>	Width: <u>16</u>	Height: <u>13</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>X</u>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>X</u>)	
	<input type="checkbox"/> with Loft	(<u>X</u>)	
	<input type="checkbox"/> with a Porch	(<u>X</u>)	
	<input type="checkbox"/> with (2 nd) Porch	(<u>X</u>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with a Deck	(<u>X</u>)	
	<input type="checkbox"/> with (2 nd) Deck	(<u>X</u>)	
	<input type="checkbox"/> with Attached Garage	(<u>X</u>)	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>X</u>)	
	<input type="checkbox"/> Mobile Home (manufactured date) <u>---</u>	(<u>X</u>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) <u>---</u>	(<u>X</u>)	
	<input type="checkbox"/> Accessory Building (specify) <u>---</u>	(<u>X</u>)	
	<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>AG / BARN</u>	(<u>60 X 16</u>)	<u>960</u>
	<input type="checkbox"/> Special Use: (explain) <u>154N-705 16 X 60</u>	(<u>X</u>)	(<u>1920</u>)
	<input type="checkbox"/> Conditional Use: (explain) <u>---</u>	(<u>X</u>)	
<input type="checkbox"/> Other: (explain) <u>---</u>	(<u>X</u>)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Albert DAWIDSON
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: ---
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit ---

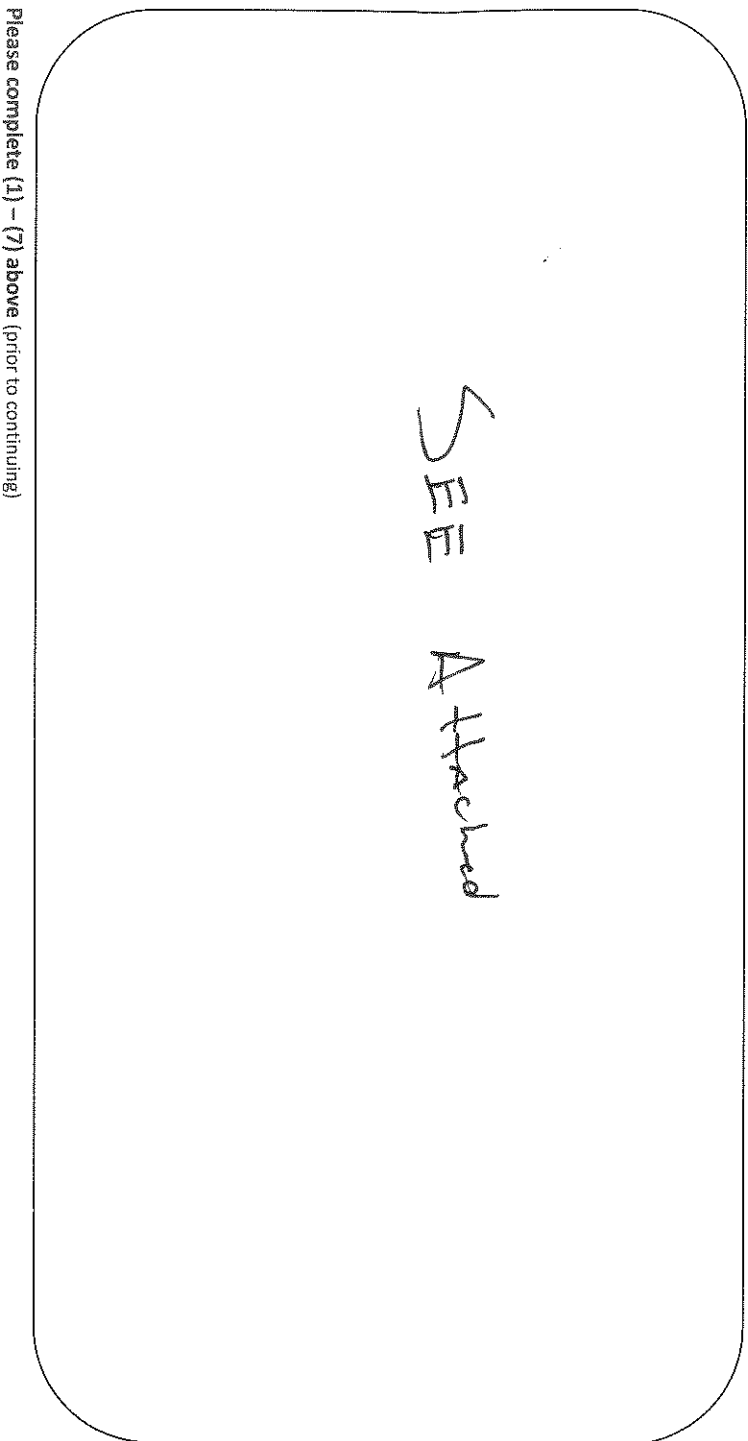
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE Attached



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	433 Feet	Setback from the Lake (ordinary high-water mark)	81 Feet
Setback from the Established Right-of-Way	400 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	830 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	375 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	Road	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	865 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	750 Feet	Setback to Well	750 Feet
Setback to Drain Field	760 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: —	# of bedrooms: —	Sanitary Date: —
Permit Denied (Date):		Reason for Denial: —		
Permit #: 17-0087		Permit Date: 6-27-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership: Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: NA		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: Project started by inspection. All property appears code compliant. OK to issue LO permit.		Zoning District (A1)		Lakes Classification (3)
Date of Inspection: 6/20/2017		Inspected by: Robert Silverman		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No — (if No they need to be attached.)				
Signature of Inspector:				
Hold For Sanitary: <input type="checkbox"/> —		Hold For TBA: <input type="checkbox"/> —		Hold For Affidavit: <input type="checkbox"/> —
		Hold For Fees: <input type="checkbox"/> —		<input type="checkbox"/> —
Date of Approval: 6/22/17				

Bayfield County Web AppBuilder



June 22, 2017

Building

Corner Tie Sheets

- Section Corner Monument on File
- Section Corner Monument Referenced on Survey

Survey Maps

UnRecorded Map

Recorded Map

Road Type

- CFR
- County
- Federal
- Private
- Municipal Boundary
- Section Lines
- Approximate Parcel Boundary
- Meander Line

State

Town

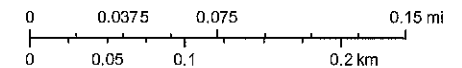
Tie Line

Rivers

Douglas Co Parcels

Ashland Co Parcel

1:3,132



Bayfield County
Bayfield

City, Village, State or Federal
Permits May Also Be Required
After-the-Fact

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0237** Issued To: **Gilbert Rasmussen**

Location: **SW** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **35** Township **43** N. Range **8** W. Town of **Cable**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure Addition: [(2) Lean-to on Barn (60' x 16') (60' x 16') = 1,920 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

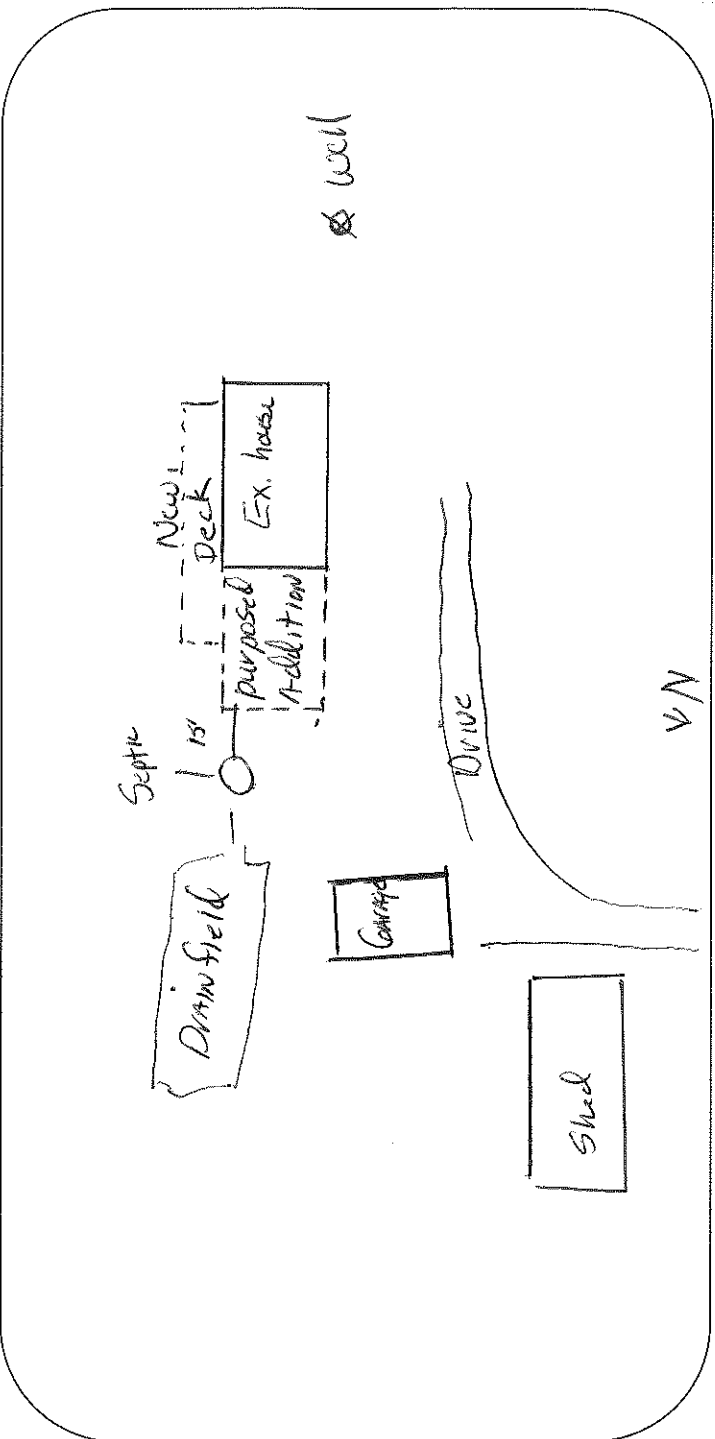
Authorized Issuing Official

June 27, 2017

Date

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:
Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
(2) Show / Indicate:
(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*):
All Existing Structures on your Property
(4) Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	700 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	670 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	700 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	600 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	650 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	450 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	110 Feet
Setback to Drain Field	85 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 11680	# of bedrooms: 3	Sanitary Date: 8/29/78
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0848	Permit Date: 10-29-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inspection Record:

Date of Inspection:

6/28/17

Inspected by:

ATB

Condition(s): Town Committee or Board Conditions Attached? Yes No – (If No they need to be attached)

Contact local WOC Inspector to see conditions required for new construction

Signature of Inspector:

ATB

Date: 6/28/17

Hold For Sanitary

Hold For TBA

Hold For Amended

Hold For Fees

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 11680 (8/29/1978)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0248** Issued To: **Michael Most & Shelly Wilson**

Location: **SE ¼ of NW ¼ Section 20 Township 43 N. Range 7 W. Town of Cable**
Less W 300'

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Addition / Alteration: [1- Story; Living Room / Kitchen/ Bathroom (24' x 20') = 480 sq. ft.;
Deck (10' x 35') = 350 sq. ft.] Total Overall = 830 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Contact local UDC inspector to see condition required for new construction.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

June 29, 2017

Date